

Claim for income tax allowance reimbursement for taxes paid in tax year _____.

The State tax rate above is expressed as a percent of which of the following:
Check One: ☐ Income ☐ Federal Tax

☞ Locality where a tax liability was incurred as a result of long term official travel payments
_____.

Type of Locality: ☐ City or Municipality ☐ County

☞ Indicate local income tax rate for the locality:_____

☞ The Local tax rate above is expressed as a percent (%) of which of the following:

Check One: ☐ Income ☐ State Tax ☐ Federal Tax

☞ For this tax year I paid IRS \$ _____interest as a result of the travel allowances I received for official travel (APPLIES TO TAX YEARS 1993 AND 1994 ONLY). A copy of the IRS letter or notice showing the interest due must be attached.

☞ For this tax year I paid IRS \$ _____penalty for having insufficient withholding as a result of the travel allowances I received for official travel (APPLIES TO TAX YEARS 1993 AND 1994 ONLY). A copy of the IRS letter or notice showing the penalty due must be attached.

The above information is true and accurate to the best of my (our) knowledge. I (we) agree to notify the finance office of any changes to the above (i.e., from amended tax returns, tax audit, etc.) so that appropriate adjustment to the ITRA can be made. The required supporting documents (W-2's and Schedule SE) are attached. Additional documentation will be furnished if requested.

Employee's Signature

Date

Spouse's Signature
(If joint return is checked above)

Date